

# SCALLOP DIVE/DRAW--URCHIN DIVE/DRAW-- SEA CUCUMBER DRAW AND TENDING LICENSE-2016

Please provide all information requested. Delays may result from incomplete applications.



## Part A: Applicant Information

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
 Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_  
 Weight \_\_\_\_\_ Driver's License \_\_\_\_\_  
 If no driver's license - reason \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
(IF DIFFERENT THAN MAILING)  
 Email \_\_\_\_\_  
 Landline# \_\_\_\_\_ Mobile# \_\_\_\_\_ Fax# \_\_\_\_\_

## Part B: Fishery Information License year Jan. 1, 2016 to Dec. 31, 2016

**MUST HAVE HELD IN THE PREVIOUS YEAR.**  
 . License fees are non-refundable.

### Scallop (see notes A,B & M below)

Dragger ☐ \$243 Diver ☐ \$243  
 Diver With Tender ☐ \$293

Scallop - Noncommercial ☐ \$58

Sea Cucumber Draw A,C,M ☐ \$128

### Sea Urchin (see notes A&B below)

Indicate your season. Early ☐ Late ☐

	Zone 1 <sup>M</sup>	Zone 2 <sup>M</sup>
Diver	<input type="checkbox"/> \$185	<input type="checkbox"/> \$312
Diver with Tender	<input type="checkbox"/> \$210	<input type="checkbox"/> \$362
Dragger	<input type="checkbox"/> \$185	<input type="checkbox"/> \$312
Raking/Trapping	<input type="checkbox"/> \$185	<input type="checkbox"/> \$312

### TENDER LICENSE IS NOT A LIMITED ENTRY LICENSE

#### Tender (see notes A&B below)-

Sea Urchin / Scallop Tender ☐ \$183

#### Notes:

**A** – Commercial scallop, sea urchin & sea cucumber harvesters must have held this license in the previous year. Divers and tenders must hold current CPR and First Aid at the time of application, and continue to hold a current CPR & First Aid while engaging in diving or tending. All tenders must have completed the safety course. Tenders working under a Dive with Tender license must show proof of CPR & First Aid when requested by Marine Patrol Officers.

**B**– Includes research surcharge.

**C**– The holder of a sea cucumber draw license may use the vessel named on the application and holder's license to draw for sea cucumbers. The license also authorizes the captain & crew members aboard the vessel named on the license to draw for and possess, ship, transport and sell sea cucumbers, except that the captain and crew members may not draw for sea cucumbers if the license holder is not aboard the vessel.

**M** – Mandatory reporting. First time applicants must contact DMR Landings Program at (207) 633-9500 for reporting requirements.

## Part C: Supplemental Information

Fill out all information completely. False statements or misrepresentations will result in the revocation of the license and prosecution in Court.

Boat Reg # \_\_\_\_\_ Boat Name \_\_\_\_\_  
 Boat Length \_\_\_\_\_ Town of Primary Anchorage \_\_\_\_\_  
 Federal Permit # \_\_\_\_\_

**Must list a boat for any dragger licenses.**  
**Not more than ONE urchin draw license on a boat PER YEAR.**

## Part D: Certification / Signature

I hereby declare, under the penalty of perjury under the laws of the State of Maine and the United States of America that the foregoing information is true and correct and, if applying for a resident license, that I have read and understood the residency requirements listed on the back of this form and meet those requirements.

**Did you fish recreationally in tidal waters of the State of Maine last year?**

☐ Yes ☐ No

(answering yes will register you for recreational saltwater fishing for 2016)

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Applicant \_\_\_\_\_

(signature of applicant)

#### Print

Name \_\_\_\_\_

Parent or

Guardian \_\_\_\_\_

(Applicants under 18 must have a parent or legal guardian who also meets the residency requirements sign this form.)

By signing this application, I certify that I hold a current CPR & First Aid certification. I understand that I must continue to hold a current CPR & First Aid certification at all times while engaging in diving or tending, and if boarded by a Marine Patrol Officer must show proof of those current certifications.

Under Title 12, §6306, (1)(2) and (3), a person licensed by the Department of Marine Resources has a duty to submit to inspection, search and seizure by a Marine Patrol Officer. Failure to comply with this duty may result in a license suspension.

**§6306. Consent to inspection**

**1. Consent to inspection.** Any person who signs an application for a license or aquaculture lease or receives a license or aquaculture lease under this Part has a duty to submit to inspection and search for violations related to the licensed activities by a marine patrol officer under the following conditions.

A. Watercraft or vehicles and the equipment located on watercraft or vehicles used primarily in a trade or business requiring a license or aquaculture lease under this Part may be searched or inspected at any time.

B. Any other location where activities subject to this Part are conducted may be inspected or searched during the hours when those activities occur.

C. A location specified in paragraph B may be inspected at any time if a marine patrol officer has a reasonable suspicion of a violation of this Part.

D. No residential dwelling may be searched without a search warrant unless otherwise allowed by law.

**2. Seizure of evidence.** Any person who signs an application for a license or aquaculture lease or receives a license or aquaculture lease under this Part has a duty to permit seizure of evidence of a violation of marine resources laws found during an inspection or search.

**3. Refusal.** Refusal to permit inspection or seizure is a basis for suspension of any or all licenses under this chapter or revocation of aquaculture leases.

**Instructions:**

Complete the information in **Part A** on the front of this form. Check the license(s) requested in **Part B** and calculate the total fees. Fill out all applicable information in **Part C**. Read the **residency requirements** included on this document and **certify your application with your signature in Part D**. Enclose this document in an envelope along with a check or money order payable to **Treasurer, State of Maine** or fill out the section below for **credit card payments**, affix a stamp and put it in the mail. **We cannot accept applications by fax or phone.** If you have questions call (207) 624-6550.

*Check us out online at [MAINE.GOV/DMR](http://MAINE.GOV/DMR)*

***Mail to:***  
***Licensing Division***  
***Department of Marine Resources***  
***21 State House Station***  
***Augusta, ME 04333***

**Residency Requirements:** Any individual who has been domiciled in Maine for the past 6 months preceding the date of application is eligible for a resident license. A corporation is eligible for a resident license if it has been created and exists under the laws of Maine and it has existed in Maine for 6 months preceding the date of application. A firm or partnership is eligible if all of its officers or partners have been domiciled in Maine for 6 months preceding the date of application. For the purposes of this license application, a resident is a person who:

- A. If registered to vote, is registered in Maine;
- B. If licensed to drive a motor vehicle, has made application for a Maine motor vehicle operator's license;
- C. If the owner of one or more motor vehicles located within the State, has registered at least one of the motor vehicles in Maine; and
- D. If required to file a Maine income tax return on the previous April 15<sup>th</sup>, filed a Maine income tax return.

**Mail to: Licensing Division, Department of Marine Resources, 21 State House Station, Augusta, ME 04333**

MUST MEET ALL RESIDENCY REQUIREMENTS UNDER TITLE 12, SECTION 6301

**PAYMENT INFORMATION:**

**Credit Card - Check or Savings Payments:** I authorize the State of Maine, Department of Marine Resources, Licensing Division, to charge my VISA ☐ MasterCard ☐ Discover ☐ **or checking /savings account the amount of what is being applied for on this application.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
***MUST BE AS IT APPEARS ON CARD – PLEASE PRINT LEGIBLY AS THIS MAY AFFECT PROCESSING OF APPLICATION***

Card No. \_\_\_\_\_, CVV# \_\_\_\_\_ expiration date \_\_\_\_\_

**Checking or Savings:**

Name on Account \_\_\_\_\_ Bank Routing Number \_\_\_\_\_  
*First 9 digits on your check*

Checking or Savings Account Number \_\_\_\_\_  
Check Number, if using checking acct \_\_\_\_\_

Your credit card and/or savings and checking accounts will be charged for what you have applied for on this application